

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			on or each violation is specified in the narrative portion of the	nis report.			
Establishment Name				Telephone Number		Date of Inspection PERMI (mm/dd/yr)	
Establishment Address (number and street, city, state, zip code)				812 206 7650	l` .'' l		_
				7	2/2	0/Z0	19-231
4023 F	Reas LA		New Albay, IN 47150	<u> </u>	`		j
l Owner				Purpose:	Follow-up Release Date		
PMC Regimed Hospital / Davis Melley (LEO)  Owner's Address				. Routine	No 10 days		
1				2. Follow-up	Summary of Violations:		
3626 Grantine Rd New Alleng, IN 47150				3. Complaint	1 50		
Person in (				4. Pre-Operational	$C \times NC \times R $		
Maris	sa Sh	ave	iel	5. Temporary	<u> </u>		
Responsibl	le Person's	E-ma	il	1	Menu Type (See back of page)		
				6. HACCP			
Certified F	food Mana	ger		7. Other (list)	12	3	_4 <u>_X</u> _5
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	EATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
347	~0			111 1 1 1	_		
			Observed no hand drying provisions as	mailable of hand st	ak .	Corre	c4 &
<u> 217 </u>	WC _	┼	Obard had nater /catering will	build-up on maker	spizet_	Toda	<b>ay</b>
	ļ	<u> </u>					•
	-		Discussed and for air circulation		1		
		l —	Discusse 1 Al Wi Circulation	A IN CAISTING COO	·/-rs		
	Piserssed when temp logs are needed						
		<u> </u>					
	Discussed use of new adjacent storage room						
1				7			
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Received by	(name and	title p		Inspected by (name and title p	rinted):		
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Received by	(signature)	1:	(1)	Inspected by (signature):	<del></del>	•	
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